

ORIGINAL

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

2437

for the

Jeffrey A ST. JOHN

Plaintiff/Petitioner

Maspeth Supply Co. LLC

Defendant/Respondent

GARAUFIS, J.

Civil Action No.

BLOOM, M.J.



APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

UN Employment

My gross pay or wages are: \$ 133.00, and my take-home pay or wages are: \$ 133.00 per
(specify pay period) Week

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

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4. Amount of money that I have in cash or in a checking or savings account: \$ NONE

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value): NONE

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

Rent 450.00 A month

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

NONE

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

IRS

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

4/19/13

J. St John

Applicant's signature

Jeffrey A ST. JOHN

Printed name



New York State Dept. of Labor
PO Box 15130
Albany NY 12212-5130

EFF. DT: 09/24/12

LO #: 831

Social Security No: XXX-XX-2834

Notice Mail Date: 04/15/13

JEFFREY A ST JOHN
117-35 133 ST
S OZONE PARK NY 11420

DEAR JEFFREY A ST JOHN

Under current law, you are eligible to receive federally-funded extended unemployment benefits called Emergency Unemployment Compensation (EUC). You are eligible to receive up to 14 weeks of Tier 1 EUC benefits.

Normally, you would receive your current weekly benefit amount of \$150.00 for EUC, the same rate as your claim that ends on 09/29/13. However, starting the week ending April 7th, 2013, federal government budget cuts (sequestration) have reduced EUC benefits by 10.7%. This means that your new weekly benefit amount is \$133.00.

The number of weeks of EUC you are eligible for will not be affected by the cuts. It is the amount of your weekly benefit that is reduced. To estimate how many weeks of benefits you may receive, please go to our Unemployment Insurance calculator on our web site at www.labor.ny.gov.

By law, this 10.7% reduction is made before any deductions for taxes, child support, etc. and the weekly benefit rates are rounded down to the whole dollar.

Please note that because these are federal benefits, New York State has no control over these cuts in benefits and cannot waive or change them. Only the U.S. Congress can do that. That means that if you request a hearing, a judge cannot reverse the reduction resulting from the sequestration.

All other terms and conditions for receiving unemployment benefits still apply when receiving EUC. You must continue to be unemployed; be ready, willing and able to work; and be actively searching for work.

If your benefit year has expired, you may qualify for a new regular unemployment insurance claim when the next calendar quarter starts. If you think you have enough earnings for a new claim, you must file a new claim either online or by phone.

You may claim EUC benefits the same way you claim regular unemployment insurance benefits. You can either:

- Go online at our website: www.labor.ny.gov
- or
- Call the toll-free number:
 - 1-888-581-5812 for New York State residents
 - 1-888-864-9920 for out-of-state residents
 - 1-877-205-3119 for TTY/TDD equipment users

You must keep a Work Search Record of all your efforts to find a job for each week you claim benefits. Do not mail your Work Search Record to us unless we ask for it. If we ask for your record and you do not send us a copy, your benefits will stop. You can print copies of Work Search Record forms from our website.

Do not quit your current job to collect benefits. If you do, you will not be eligible for EUC.

Important Notice

Under 18 U.S.C. §1001, knowingly and willfully concealing a material fact by any trick, scheme, or device or knowingly making a false statement in connection with this claim is a Federal Offense, punishable by a fine of not more than \$10,000 or imprisonment for not more than 5 years or both.

PROTECT YOUR RIGHTS

Right to a Hearing:

If you believe the determination regarding your Unemployment Insurance benefits is wrong, you have the right to request a Hearing before an impartial Administrative Law Judge (ALJ) at no cost to you.

How to Request a Hearing:

Your hearing request must be in writing and mailed to the NYS Department of Labor, PO Box 15131, Albany NY 12212-5131. Be sure to include your Social Security number on the request for a hearing.

A Request for a Hearing Must Be Timely:

You must mail a hearing request no later than 30 days from the DOL Notice Mail Date found in the upper right hand corner on the front of this Notice. It is critical to make a timely request for a hearing or you may lose the opportunity to appeal the determination. If your request is later than 30 days, you should provide the specific reason for the late request. There are very few good cause exceptions for requesting a hearing later than the 30 day DOL Notice Mail Date. The exceptions for missing the deadline are:

- The 30th day of the mail date of the notice falls on a Saturday, Sunday, or a holiday;
- The determination was delivered to the incorrect address; or
- If physical or mental incapacity prevents the request from being filed on time.

Representation at Hearings:

You have the right to be represented at a hearing by an attorney or other person. A listing of attorneys and registered representatives can be viewed at: "http://www.labor.ny.gov/formsdocs/ui/LO424_4.pdf#page=1".

More Hearing Information is Available:

Further information or assistance regarding hearings may be obtained by referring to the UI handbook mailed to you and by visiting our website, "<http://www.labor.ny.gov/ui/claimantinfo/hearingfaq.shtm>" or by contacting the Telephone Claims Center (TCC) at 1-888-209-8124 (for New York State residents) or 1-877-358-5306 (for out-of-state residents) from 8:00 AM to 5:00 PM, Monday through Friday.

You Must Claim Weekly Unemployment Benefits by Certifying Once a Week as Long as You Remain Unemployed:

Even if you have been denied benefits and are requesting a hearing, it is important to continue to certify for your benefits. Continued weekly certification protects your right to get all the benefits you may be entitled to receive. You can certify by calling the DOL toll-free Tel-service number 1-888-581-5812 (for New York State residents) or 1-888-864-9920 (for out-of-state residents) or online at "www.labor.ny.gov" even though you have been denied benefits. Hearing impaired claimants who have TTY/TDD equipment can call 1-877-205-3119 to certify for weekly benefits.

Reopen a Claim:

If you had temporary work (you worked four or more days in a week or earned more than \$405.00 in a week), you may reopen your claim by calling the DOL toll-free Tel-service number 1-888-581-5812 (for New York State residents) or 1-888-864-9920 (for out-of-state residents) or online at "www.labor.ny.gov".

You may also reopen your claim if you have not claimed benefits for a reason besides working by calling the DOL toll-free Tel-service number 1-888-581-5812 (for New York State residents) or 1-888-864-9920 (for out-of-state residents) or online at "www.labor.ny.gov".